

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>12497</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Patrick</u> <u>Kelly</u> P O Box Bldg Room No if any _____ Street <u>763 West Jackson Blvd</u> City <u>Chicago</u> State <u>Illinois</u> ZIP Code + 4 <u>60661</u>	4 Name file number and address of labor organization Name <u>Operating Engineers Local 399</u> Labor Organization File Number <u>028-035</u> P O Box Building and Room Number if any _____ Street <u>763 West Jackson Blvd</u> City <u>Chicago</u> State <u>Illinois</u> ZIP Code + 4 <u>60661</u>
5 Position in labor organization <u>Treasurer</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction or Income _____ 7 b Amount _____

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed <u>Patrick Kelly</u>	On <u>8/16/05</u> Date	<u>312-664-7063</u> Telephone Number

Name of Person Filing Patrick Kelly	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

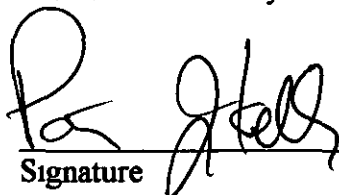
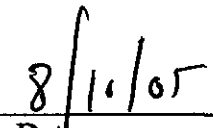
8 Name and address of Business (including trade name if any) Name I U O E Training & Safety & Health Conference Trade Name if any P O Box Bldg Room No if any Street 1125 Seventeenth Street N W City Washington State District of Columbia ZIP Code + 4 20036	9 Business deals with <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name I U O E Local 399 Educational Training Fund Trade Name if any P O Box Bldg Room No if any Street 763 W Jackson Blvd City Chicago State Illinois ZIP Code + 4 60661	11 a Nature of such dealing Attendance to the Training & Safety Conference as a Union Trustee of I U O E Local 399 Educational Training Fund 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received Reimbursement for expenses incurred while attending Conference April 17th through April 22 2004 Expenses include travel lodging and meals 12 b Amount \$2 400

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4 	14 a Nature of payment <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted.

 
Signature Date